(c) The treatment of diabetes is done upto the level of PHC/CHC in the health care delivery system in India. Difficult and complicated cases are treated at higher centres *e.g.* Medical Colleges, District Hospital etc. The health education is carried out to make the public aware about diabetics prevention and treatment.

Disbanding of CGHS system

368. SHRI R.P. GOENKA:
SHRI KARNENDU BHATTACHARJEE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a proposal has been formulated to wind up the Central Government Health Scheme, a contributory health care scheme for the Central Government employees, etc. covering some 4.4 million beneficiaries and is to be replaced by a new health insurance system;

(b) if so, the details thereof and its present status;

(c) the specific details of provisions made in the new health insurance system to protect the interest of the beneficiaries in the advancing years of their life; and

(d) the details of doctors/para-medical staff to be absorbed after abolishing the CGHS scheme presently in vogue?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) No, Sir, there is no proposal to disband the CGHS.

WHO report on health

369. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed a recent report of the World Health Organisation titled "Preventing global diseases a vital investment" highlighting *inter-alia* that over the next 10 years, 388 million people will die from non-communicable diseases such as heart diseases, cancer and diabetes with economic consequences for various countries, including India which would suffer to the extent of some $ 236 billion;

(b) if so, the results thereof; and

(c) the details of other major findings/observations contained in the report and the fresh steps initiated for prevention of such diseases and avoidable high death rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a)to (c) WHO's Report titled "Preventing Chronic Diseases - A Vital Investment" has been globally launched recently. The report points out that 80% of chronic disease deaths occur in low and middle-income countries including India. The problem of chronic diseases (i.e. heart disease, stroke, diabetes, injuries etc.) has major adverse effects on the quality of life of affected individuals. causes premature death and creates large adverse and under appreciated economic effects on families, communities and societies in general. The low and middle income countries are expected to forego a substantial part of their national income over the next 10 years as result of premature deaths caused by heart disease, stroke and diabetes.

The report has called upon the World community to implement comprehensive and integrated approaches that encompass interventions directed at both the whole populations and individuals focusing on the common underlying risk factors cutting across specific diseases.

The Government of India is already implementing various public health programmes both at policy level and grass root levels, laying stress on research and training of medical personnel in the field of chronic diseases.

Besides specific programmes the National Rural Health Mission launched recently also seeks to promote a healthy lifestyle for prevention of chronic diseases.

Some of the specific steps initiated in this regard are listed below:

* The Indian Council of Medical Research and World Health Organisation have undertaken studies on Non-Communicable Disease (NCD) risk factor prevalence in five centers in India and based on this model, the Integrated Disease Surveillance Programme (IDSP) has incorporated NCD risk factor surveillance as a programme component.
* The National Cancer Control Programme has been revised recently to make it more effective.
* Standard treatment guidelines for Diabetes, Asthama and Chronic Obstructive Lung Diseases have been developed.

* Tobacco, the single most important risk factor for chronic diseases, has been addressed in India through a comprehensive legislation and various other interventions.

* Health promotion and advocacy efforts have been taken up along with Integrated NCD prevention programmes in various parts of India with focus on industrial populations.

* The Ministrty of Health and Family Welfare in collaboration with the WHO has initiated follow up action on the WHO Global Strategy on Diet, Physical Activity and Health which offers various avenues to increase vegetable and fruit consumption and increase physical activity.

Corruption in autonomous councils

370. SHRI THENNALA G. BALAKRISHNA PILLAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposes to investigate the affairs of autonomous councils under his Ministry after revelations of rampant corruption in these councils;

(b) if so, the details thereof; and

(c) the steps proposed to be taken to make the working of these bodies more transparent?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Complaints of corruption against autonomous councils are investigated in this Ministry as per relevant rules, provisions and wherever required, the same are referred to CBI.

Registration criteria for medical Practitioners

371. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of criteria fixed by Government for registration of medical practitioners in rural/ urban areas with the Indian Medical Council;